



**Site Visit Programmatic Questions
Positive Alternatives 2016
Face to Face – May 26, 2016**

1. Update/ Demographic Reporting

- Review your two most recently submitted Update/Demographic Reports: are you meeting Report Count Goals?

Almost all reported goals are being met and exceeded.

- Note any significant differences between the reports: are your programs stable? Improving? What do the reports indicate about progress in your programs?

The progress of this program has been steady and improving. Case management has increased significantly during this grant cycle as has those clients requiring mental health programs. Prenatal and pregnancy test have been slightly down over the course of the grant.

- Any questions on the recording of data on either form?

None at this time.

2. Work Plan

- Review your 2012-16 grant application's description of the program you requested to be funded. Note the services and activities you said you would provide and the number of clients you would serve.
- Please prepare a **short summary of your current program(s) and the number of clients being served.** Address these topics:
 - a. How does what you describe in the application compare with what you are currently providing?
 - b. Have any programs and/or activities or services been added or removed?
 - c. Have the number of clients being served per quarter decreased or increased in the 4th year?
 - d. Is there anything in particular you want to share about your current program to explain its current status?

**Summary of Grant Program Progress
Face to Face Health and Counseling
5/26/16**

How does what you describe in the application compare with what you are currently providing?

The following is a summary of the program as described in the proposal:

The goal of the Connect program is to support, encourage, and assist high risk pregnant girls and young women to complete their pregnancy, have healthy birth outcomes, appropriately care for their newborns, and increase their stability and self-sufficiency as parents. Strategies include case management, education, and assistance connecting to resources, integrated with prenatal medical care, designed specifically for adolescents. We focus on encouraging and assisting young expectant mothers to access prenatal care early, reduce behavioral risks to healthy pregnancy, and receive needed supportive services and education.

This still exactly describes our program. All of the main strategies are still being implemented and make up the primary components of our program. In addition, we are meeting or exceeding the target goal for number of high risk young women who are receiving integrated pregnancy care and case management: 200. The two main areas in which our program has not progressed as planned are: participation in group prenatal education and support (CenteringPregnancy and/or groups outside of Centering) and numbers of new prenatal clients entering the program (has decreased rather than increased as projected).

Have any programs and/or activities or services been added or removed?

Since January 2016, we have added on to our activity of providing pregnancy testing at SafeZone (drop-in center for youth experiencing homelessness). We have expanded prenatal case management hours at SZ from 2 hours per week to 4 hours per week (two afternoons). We also have added the activity of providing case management, including necessary services intake and assessment, to clients who are already pregnant and utilizing services at SZ. These clients may or may not be receiving prenatal medical care at Face to Face. Clients who are pregnant and not getting prenatal care elsewhere are scheduled for prenatal appointments at Face to Face.

Have the number of clients being served per quarter decreased or increased in the 4th year?

We have seen an increase in some areas and a decrease in others.

- **Original Goal:** *New clients will increase from 215 to 240 per year; 180 expectant mothers will participate in the best practice Centering Pregnancy® program, increased from 31 in FY11 and an expected 60 in FY12.*

Actual: We have not seen the increase in expectant mothers that we anticipated over the life of the grant. New clients have generally decreased in the last few years: 166 in FY13, 192 in FY14, 163 in FY15, and 126 (through April) of FY16. We also haven't seen the increase in Centering enrollment that we anticipated.

- ***Original Goal:*** Support, encourage and assist women in carrying their pregnancies to term and in caring for their babies after birth by providing comprehensive group prenatal care:
 - 240 new prenatal clients will receive an intake to prenatal care; 200 will receive ongoing care;
 - 180 of 200 ongoing clients will receive group prenatal care (increased from 31 in FY11);
 - 18 Centering groups total will meet per year (increased from 8 in 2011);
 - Groups will meet for 10 sessions for a total of 180 sessions per year.

Actual: While our numbers of new clients and Centering groups have been significantly less than originally anticipated, the number of ongoing prenatal clients receiving care integrated with case management is above the target of 200 clients per year.

- So far in FY16 (through April 30, 2016), 171 young women received billable prenatal services and 193 received case management
- In FY15, 232 young women received billable prenatal services and 219 received case management.
- In FY14, 250 received billable prenatal services and 262 received case management.

In our 2015-2016 work plan, our goal for Centering pregnancy was 60 visits per quarter. While Centering enrollment has continued to be a challenge, we are happy to reports numbers have increased significantly during the past full quarter (January – March 2016) - jumping from an average of 35 visits per quarter to 70. We are optimistic that we will continue to meet and/or exceed our projected numbers.

- ***Original Goal:*** Promote healthy pregnancy by providing material support in the form of emergency food, diapers and baby formula– 132 pregnant youth per year.

Actual: In the past four quarters, we provided emergency food assistance, diapers/formula and/or nutrition resources 275 times, well above the initial goal. This continues to be a high need area for our clients and is completely governed by the available budget. We also continue to provide transportation assistance, financial assistance, mental health referrals and insurance assistance to our clients – meeting or exceeding our work plan goals in these areas.

Is there anything in particular you want to share about your current program to explain its current status?

While the number of new prenatal clients has decreased from when we anticipated an increase in the application, we are seeing the most at risk young pregnant women who have many barriers and challenges to accessing quality care and having a healthy pregnancy. Many young women we work with struggle to get prenatal care early in their pregnancies because of their lack of health insurance. We accept pregnant women even before their insurance is in place and work with them to ensure they get the health coverage they need.

3. Fiscal Review

- Review of the 2015-16 expenditures spreadsheet sent by Ellen Heit.
Both parties are in agreement with accounting for PA funding.
- Have you revised your 2015-16 budget justification?
Last January a budget revision was submitted and approved.
- Any questions on your completion of the 2014-16 grant and your budget?
Not at this time.

4. Do you have any questions on the findings from your Financial Reconciliation?

The reconciliation went well and there were no questions.

5. Grant Closeout Form

- You will have an opportunity to review a draft of the Grant Closeout Form.

6. 2015-16 Evaluation - Due June 10th

- Your 2015-16 Evaluation Plan will be discussed. Any suggestions provided in your 2013-14 Report Summary should be included in the plan, if you are continuing the same evaluation.
The evaluation topic for this organization for 201-16 was increasing the rate of breast feeding for clients. They would measure the number of clients that were breast feeding at the hospital (75% goal) and at one month postpartum (50% goal). The final report will be sent in soon.
- Any questions on the expectations of the report or your organization's evaluation plan for 2015-16?
Not at this time.

7. Positive Alternatives website

- The PA website will be reconfigured once contracts are all signed.
- Resources for grantees will remain basically the same.
- WRTK booklet revisions have not yet been completed.
Revisions of both the website and WRTK booklet are still in progress.

8. Grant Manager Updates

Yearly budgets for the new grant cycle vs 2 year budgets in the current grant cycle were discussed. An MDH Director and staff grant administration webinar will be offered on Thursday, July 14 in the morning. All current and new PA grantees are encouraged to attend. Information will be sent soon. PA policies are being revised and updated and will be available at the beginning of the new grant cycle.

9. Issues specific to this grantee

None at this time.

10. Facility

- If your facility has been remodeled or updated please give an update. Do you have any plans to move your organization to another building in the near future?
- If grant-funded activity areas have been significantly altered, be prepared to discuss.

No plans to move the primary clinic at this time. The Safe Zone meeting space has recently moved and a discussion for the grantee has centered on what are their client's barriers? Are hours a barrier?

11. Health Equity is a priority goal at the Minnesota Department of Health. How is your organization addressing this need?

A goal of this grantee is to make sure all clients have their basic needs being met. This grantee feels they exist to promote health equity with their demographics report of approximately 80% of clients being of color.

12. What are the new unaddressed needs in the communities you serve?

Low affordable housing is a huge unmet need for the clients of this organization. The new grant will include funding for rent assistance and will help to address this need.

- Do you have a well-developed and up-to-date list of community partners available?
Yes, this grantee has well developed community outreach. They have been in existence for many years and are well respected in the community for their passionate work with their clients.
- Are you able to make warm referrals to any of these partners?
Yes, located in the Metro area has been a great help in making warm referrals for clients.

13. Clients stories (along with client data collection) are an important component of the work we do. Client stories fill in the gaps that data can't detail and humanize the efforts made by all grantees.

- **Have you submitted your PA funded client stories yet?**
Yes, thank you!

14. How can MDH be more supportive of your program?

A discussion was offered on the idea that having the ability to provide food for pregnant clients was a necessary part of this grantee's programs and identity. The new grant cycle has discontinued the food option for grantees unless they offer a residential program or are offering nutrition education. This grantee would like to have the food decision reconsidered.

15. Other?

Face to Face offers support, encouragement and assistance to high risk pregnant girls and young women throughout their pregnancy promoting healthy birth outcomes, along with offering care and education for care of their babies after birth. They offer these services through case management, education, and assistance connecting to community resources. Their priorities are access to early prenatal care, to help reduce behavioral risks and to provide needed support and services for their clients.

Site Visit Date: May 26, 2016

Center: Face to Face

Grantee Staff: Stephanie Reinitz, Hannah Gretachew-Kreusser, Dana Hays, Ann Byran

Positive Alternatives Grant Manager: Mary Ottman